

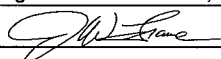
Certification of Authorized Agent to File Connect America Fund (CAF) ICC Data, on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the CAF ICC information reported on behalf of the reporting carrier; I have provided the data and certification forms provided by the reporting carrier and, to the best of my knowledge, the information reported herein is accurate. I also certify that I will provide copies of the CAF ICC data to the reporting carrier within 15 days of filing.

Name of Reporting Carrier {see attached}

Name of Authorized Agent **National Exchange Carrier Association, Inc. (NECA)**

Signature of authorized officer:



Date 1/17/2013

Printed name of authorized officer: **James W. Frame**

Title or position of authorized officer: **Vice President - Operations**

Telephone number of authorized officer: **(973) 884 - 8070**

Study Area Code of Reporting Carrier

{see attached}

Filing Due Date for this form
(mm/dd/yyyy)

1/17/2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.

Certification-Agent

Certifications
Study Area Number:
120042

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues

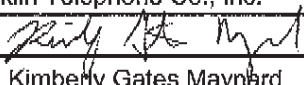
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

Name of Reporting Carrier				Dixville Telephone Company	
Signature of authorized officer				Date	January 2, 2013
Printed name of authorized officer		Ann C. Walsh			
Title or position of authorized officer		Assistant Treasurer			
Telephone number of authorized officer:		(781) 402-1731, ext.			
Study Area Code of Reporting Carrier	120042	Filing Due Date for this form (mm/dd/yyyy)	January 2013		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Certifications
Study Area Number:
140053

REDACTED - FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


Certification of Officer as to Determination of Fiscal Year 2011 Revenues			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).			
Name of Reporting Carrier Franklin Telephone Co., Inc.			
Signature of authorized officer 		Date	12/31/2012
Printed name of authorized officer Kimberly Gates Maynard			
Title or position of authorized officer Treasurer			
Telephone number of authorized officer: (802) 285-9911 ext.			
Study Area Code of Reporting Carrier	140053	Filing Due Date for this form (mm/dd/yyyy)	January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certifications
Study Area Number:
170171

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues


I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

Name of Reporting Carrier					Hickory Telephone Co.	
Signature of authorized officer						
				Date	12/28/2012	
Printed name of authorized officer				Grier Adamson		
Title or position of authorized officer				Treasurer		
Telephone number of authorized officer:				(724) 356-2211		
Study Area Code of Reporting Carrier		170171	Filing Due Date for this form (mm/dd/yyyy)	January 2013		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Hickory Telephone Co.			
Signature of Authorized Officer 			Date 12/28/2012
Printed name of Authorized Officer Grier Adamson			
Title or position of Authorized Officer Treasurer			
Telephone number of Authorized Officer: (724) 356-2211 ext.			
Study Area Code of Reporting Carrier	170171	Filing Due Date for this form (mm/dd/yyyy)	January 2013
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent National Exchange Carrier Association, Inc. (NECA)

Name of Reporting Carrier Hickory Telephone Co.

Signature of Authorized Officer *Grier Adamson*

Date 12/28/2012

Printed name of Authorized Officer Grier Adamson

Title or position of Authorized Officer Treasurer

Telephone number of Authorized Officer: (724) 356-2211, ext. _____

Study Area Code of Reporting Carrier

170171

Filing Due Date for this form
(mm/dd/yyyy)

January 2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Hickory Telephone Co.	
Signature of authorized officer			Date		12/28/2012
Printed name of authorized officer			Grier Adamson		
Title or position of authorized officer			Treasurer		
Telephone number of authorized officer:			(724) 356-2211		
Study Area Code of Reporting Carrier		170171	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Hickory Telephone Co.	
Signature of authorized officer			Date		12/28/2012
Printed name of authorized officer			Grier Adamson		
Title or position of authorized officer			Treasurer		
Telephone number of authorized officer:			(724) 356-2211		
Study Area Code of Reporting Carrier		170171	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

Certifications
Study Area Number:
170215

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

Name of Reporting Carrier <i>Yukon-Waltz Telephone Company</i>			
Signature of authorized officer <i>James J. Kail</i>		Date	<i>11/9/13</i>
Printed name of authorized officer <i>James J. Kail</i>			
Title or position of authorized officer <i>President & CEO</i>			
Telephone number of authorized officer: <i>245 593-2411</i> , ext.			
Study Area Code of Reporting Carrier	<i>170215</i>	Filing Due Date for this form (mm/dd/yyyy)	January 2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <u>Yukon-Waltz Telephone Company</u>			
Signature of Authorized Officer <u>James J. Kail</u>		Date <u>1/9/13</u>	
Printed name of Authorized Officer <u>James J. Kail</u>			
Title or position of Authorized Officer <u>President & CEO</u>			
Telephone number of Authorized Officer: <u>(247) 543-2411</u> , ext.			
Study Area Code of Reporting Carrier	<u>170215</u>	Filing Due Date for this form (mm/dd/yyyy)	January 2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier			
I certify that (Name of Agent) <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.			
Name of Authorized Agent <u>National Exchange Carrier Association, Inc. (NECA)</u>			
Name of Reporting Carrier <u>Wagon-Waltz Telephone Company</u>			
Signature of Authorized Officer <u>James J. Kail</u>			Date <u>1/9/13</u>
Printed name of Authorized Officer <u>James J. Kail</u>			
Title or position of Authorized Officer <u>President & CEO</u>			
Telephone number of Authorized Officer: <u>(714) 543 2411</u> ext. _____			
Study Area Code of Reporting Carrier	<u>170215</u>	Filing Due Date for this form (mm/dd/yyyy)	January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <i>Yukon-Waltz Telephone Company</i>			
Signature of authorized officer <i>James J. Kail</i>		Date	<i>1/9/13</i>
Printed name of authorized officer <i>James J. Kail</i>			
Title or position of authorized officer <i>President & CEO</i>			
Telephone number of authorized officer: <i>724 523-2411</i> , ext.			
Study Area Code of Reporting Carrier	<i>170215</i>	Filing Due Date for this form (mm/dd/yyyy)	January 2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier <i>Yukon-Waltz Telephone Company</i>			
Signature of authorized officer <i>James J. Kail</i>		Date	<i>1/9/13</i>
Printed name of authorized officer <i>James J. Kail</i>			
Title or position of authorized officer <i>President & CEO</i>			
Telephone number of authorized officer: <i>724, 543-2411</i> , ext.			
Study Area Code of Reporting Carrier	<i>170215</i>	Filing Due Date for this form (mm/dd/yyyy)	January 2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certifications
Study Area Number:
190248

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).</p>			
Name of Reporting Carrier Scott County Telephone Cooperative			
Signature of authorized officer <i>Daniel E. Odom</i>		Date	<i>10-01-02-13</i>
Printed name of authorized officer Daniel E Odom			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (276) 452-7224			
Study Area Code of Reporting Carrier	190248	Filing Due Date for this form (mm/dd/yyyy)	January 2013
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Certifications
Study Area Number:
270432

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).


Name of Reporting Carrier				Kaplan Telephone Company	
Signature of authorized officer			Date		01/9/2013
Printed name of authorized officer			Richard Constantin		
Title or position of authorized officer			Controller		
Telephone number of authorized officer:			(337) 643-7171 ext.		
Study Area Code of Reporting Carrier		270432	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Certifications
Study Area Number:
290562

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

Name of Reporting Carrier DeKalb Telephone Cooperative			
Signature of authorized officer 		Date 12/24/12	
Printed name of authorized officer Craig Gates			
Title or position of authorized officer Chief Executive Officer			
Telephone number of authorized officer: (615) 529-2151			
Study Area Code of Reporting Carrier	290562	Filing Due Date for this form (mm/dd/yyyy)	January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certifications
Study Area Number:
290598

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

Name of Reporting Carrier				West Kentucky Rural Coop. - TN	
Signature of authorized officer			Date		01/09/13
Printed name of authorized officer			Trevor Bonnstetter		
Title or position of authorized officer			Chief Executive Officer		
Telephone number of authorized officer:			(270) 674-1000 ext.		
Study Area Code of Reporting Carrier		290598	Filing Due Date for this form (mm/dd/yyyy)		January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					


Certifications
Study Area Number:
310688

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).			
Name of Reporting Carrier <u>Climax Telephone Company</u>			
Signature of authorized officer <u>[Signature]</u>		Date	<u>12/21/12</u>
Printed name of authorized officer <u>Kevin Doyle</u>			
Title or position of authorized officer <u>CFO</u>			
Telephone number of authorized officer: <u>(269) 746-9244, ext.</u>			
Study Area Code of Reporting Carrier <u>316688</u>		Filing Due Date for this form (mm/dd/yyyy)	January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certifications
Study Area Number:
310703

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).			
Name of Reporting Carrier KALEVA TELEPHONE COMPANY			
Signature of authorized officer 		Date	12/21/2012
Printed name of authorized officer JON W. CRIBBS			
Title or position of authorized officer PRESIDENT			
Telephone number of authorized officer: (231) 362-3111			
Study Area Code of Reporting Carrier	310703	Filing Due Date for this form (mm/dd/yyyy)	January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certifications
Study Area Number:
310704

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

Name of Reporting Carrier **Ace Telephone Company of Michigan, Inc**

Signature of authorized officer

Date

12/21/12

Printed name of authorized officer **Todd Roesler**

Title or position of authorized officer **CEO**

Telephone number of authorized officer: **(507) 896-6292**

Study Area Code of Reporting Carrier

310704

Filing Due Date for this form
(mm/dd/yyyy)

January 2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certifications
Study Area Number:
310725

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

Name of Reporting Carrier				SAND CREEK TELEPHONE COMPANY	
Signature of authorized officer			Date		12-26-12
Printed name of authorized officer			HARVEY F. SOUDERS		
Title or position of authorized officer			GENERAL MANAGER/VP		
Telephone number of authorized officer: (517) 436-3130, ext.					
Study Area Code of Reporting Carrier		310725	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Certifications
Study Area Number:
330971

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

Name of Reporting Carrier <u>WEST WISCONSIN TELCOM COOP</u>				
Signature of authorized officer <u>[Signature]</u>			Date <u>12/21/12</u>	
Printed name of authorized officer <u>RANDY R. SILVER</u>				
Title or position of authorized officer <u>CEO</u>				
Telephone number of authorized officer: () - , ext. <u>715-664-8311</u>				
Study Area Code of Reporting Carrier <u>330971</u>		Filing Due Date for this form (mm/dd/yyyy)		January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Certifications
Study Area Number:
411778

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Gorham Telephone Company				
Signature of Authorized Officer <i>Tonya M. Murphy</i>			Date 1/11/2013	
Printed name of Authorized Officer Tonya Murphy				
Title or position of Authorized Officer Secretary/Treasurer				
Telephone number of Authorized Officer: (785) 637-5300 ext.				
Study Area Code of Reporting Carrier	411778		Filing Due Date for this form (mm/dd/yyyy)	January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier			
I certify that (Name of Agent) <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.			
Name of Authorized Agent <u>National Exchange Carrier Association, Inc. (NECA)</u>			
Name of Reporting Carrier <u>Gorham Telephone Company</u>			
Signature of Authorized Officer <u>Tonya M. Murphy</u>			Date <u>1/11/2013</u>
Printed name of Authorized Officer <u>Tonya Murphy</u>			
Title or position of Authorized Officer <u>Secretary/Treasurer</u>			
Telephone number of Authorized Officer: <u>(785) 637-5300</u> , ext. _____			
Study Area Code of Reporting Carrier	<u>411778</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>January 2013</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Gorham Telephone Company				
Signature of authorized officer <i>Tonya M. Murphy</i>			Date	1/11/2013
Printed name of authorized officer Tonya Murphy				
Title or position of authorized officer Secretary/Treasurer				
Telephone number of authorized officer: (785) 637-5300				
Study Area Code of Reporting Carrier		411778	Filing Due Date for this form (mm/dd/yyyy)	January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

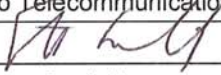
Name of Reporting Carrier				Gorham Telephone Company	
Signature of authorized officer			Date		1/11/2013
Printed name of authorized officer			Tonya Murphy		
Title or position of authorized officer			Secretary/Treasurer		
Telephone number of authorized officer:			(785) 637-5300		
Study Area Code of Reporting Carrier		411778	Filing Due Date for this form (mm/dd/yyyy)		January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Certifications
Study Area Number:
411845

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Wamego Telecommunications Co., Inc.			
Signature of Authorized Officer 			Date 1/11/2013
Printed name of Authorized Officer Steve Sackrider			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (785) 456-1000 , ext. _____			
Study Area Code of Reporting Carrier	411845	Filing Due Date for this form (mm/dd/yyyy)	January 2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent National Exchange Carrier Association, Inc. (NECA)

Name of Reporting Carrier Wamego Telecommunications Co., Inc.

Signature of Authorized Officer 

Date 1/11/2013

Printed name of Authorized Officer Steve Sackrider

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (785) 456-1000, ext. _____

Study Area Code of Reporting Carrier

411845

Filing Due Date for this form
(mm/dd/yyyy)

January 2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Wamego Telecommunications Co., Inc.	
Signature of authorized officer			Date		1/11/2013
Printed name of authorized officer					
Steve Sackrider					
Title or position of authorized officer					
President					
Telephone number of authorized officer: (785) 456-1000, ext.					
Study Area Code of Reporting Carrier		411845	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Wamego Telecommunications Co., Inc.	
Signature of authorized officer			Date		1/11/2013
Printed name of authorized officer			Steve Sackrider		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(785) 456-1000 ext.		
Study Area Code of Reporting Carrier		411845	Filing Due Date for this form (mm/dd/yyyy)		January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Certifications
Study Area Number:
431977

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).			
Name of Reporting Carrier Central Oklahoma Telephone Co., L.L.C.			
Signature of authorized officer <i>Steve Guest</i>		Date Dec 21, 2012	
Printed name of authorized officer Steve Guest			
Title or position of authorized officer president			
Telephone number of authorized officer: (918) 377-2241			
Study Area Code of Reporting Carrier 431977		Filing Due Date for this form (mm/dd/yyyy)	January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			


Certifications
Study Area Number:
431979

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).</p>			
Name of Reporting Carrier Cherokee Telephone Company			
Signature of authorized officer 		Date	01/08/2013
Printed name of authorized officer Samuel Sanchez			
Title or position of authorized officer Vice President of Operations			
Telephone number of authorized officer: (580) 434-5375			
Study Area Code of Reporting Carrier 431979		Filing Due Date for this form (mm/dd/yyyy)	January 2013
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Certifications
Study Area Number:
462188

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).</p>				
Name of Reporting Carrier Farmers Telephone Company Inc.				
Signature of authorized officer 			Date	01-03-2013
Printed name of authorized officer Timothy A Lanier				
Title or position of authorized officer President				
Telephone number of authorized officer: (970) 562-4211 , ext.				
Study Area Code of Reporting Carrier	462188	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

Certifications
Study Area Number:
462201

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

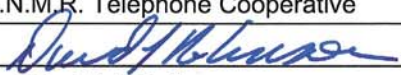
Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

Name of Reporting Carrier				RICO TELEPHONE COMPANY, INC.	
Signature of authorized officer			Date		01/4/2013
Printed name of authorized officer			DANNY F. LANGLEY		
Title or position of authorized officer			PRESIDENT COO		
Telephone number of authorized officer:			(214) 354-9971, ext.		
Study Area Code of Reporting Carrier		462201	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Certifications
Study Area Number:
492262

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).</p>			
Name of Reporting Carrier E.N.M.R. Telephone Cooperative			
Signature of authorized officer 		Date	January 2, 2013
Printed name of authorized officer David J. Robinson			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (575) 389-5100			
Study Area Code of Reporting Carrier	492262	Filing Due Date for this form (mm/dd/yyyy)	January 2013
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

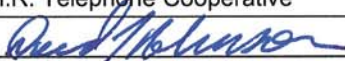
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **E.N.M.R. Telephone Cooperative**

Signature of Authorized Officer



Date **January 2, 2013**

Printed name of Authorized Officer **David J. Robinson**

Title or position of Authorized Officer **Chief Financial Officer**

Telephone number of Authorized Officer: **(575) 389-5100**, ext.

Study Area Code of Reporting Carrier


492262

Filing Due Date for this form
(mm/dd/yyyy)


January 2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier				
I certify that (Name of Agent) <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.				
Name of Authorized Agent <u>National Exchange Carrier Association, Inc. (NECA)</u>				
Name of Reporting Carrier <u>E.N.M.R. Telephone Cooperative</u>				
Signature of Authorized Officer 				Date <u>January 2, 2013</u>
Printed name of Authorized Officer <u>David J. Robinson</u>				
Title or position of Authorized Officer <u>Chief Financial Officer</u>				
Telephone number of Authorized Officer: <u>(575) 389-5100</u> , ext. _____				
Study Area Code of Reporting Carrier	<u>492262</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>January 2013</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier E.N.M.R. Telephone Cooperative			
Signature of authorized officer 		Date January 2, 2013	
Printed name of authorized officer David J. Robinson			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (575) 389-5100 , ext.			
Study Area Code of Reporting Carrier 492262		Filing Due Date for this form (mm/dd/yyyy) January 2013	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				E.N.M.R. Telephone Cooperative	
Signature of authorized officer				Date	January 2, 2013
Printed name of authorized officer		David J. Robinson			
Title or position of authorized officer		Chief Financial Officer			
Telephone number of authorized officer:		(575) 389-5100			
Study Area Code of Reporting Carrier	492262	Filing Due Date for this form (mm/dd/yyyy)	January 2013		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Certifications
Study Area Number:
502279

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rod at 10315-16, paras. 9-11).

Name of Reporting Carrier					Gunnison Telephone Company		
Signature of authorized officer				<i>Kent B. Sanders</i>		Date	12/21/2012
Printed name of authorized officer				Kent B. Sanders			
Title or position of authorized officer				President & General Manager			
Telephone number of authorized officer:				(435) 528-7236			
Study Area Code of Reporting Carrier		502279		Filing Due Date for this form (mm/dd/yyyy)		January 2013	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Gunnison Telephone Company				
Signature of Authorized Officer <i>Kent B. Sanders</i>				Date 12/21/2012
Printed name of Authorized Officer Kent B. Sanders				
Title or position of Authorized Officer President & General Manager				
Telephone number of Authorized Officer: (435) 528-7236 ext.				
Study Area Code of Reporting Carrier	502279	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier			
<p>I certify that (Name of Agent) <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association, Inc. (NECA)</u>			
Name of Reporting Carrier <u>Gunnison Telephone Company</u>			
Signature of Authorized Officer <u>Kent B. Sanders</u>			Date <u>12/21/2012</u>
Printed name of Authorized Officer <u>Kent B. Sanders</u>			
Title or position of Authorized Officer <u>President & General Manager</u>			
Telephone number of Authorized Officer: <u>435 528-7236</u>			
Study Area Code of Reporting Carrier	<u>502279</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>January 2013</u>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier <u>Gunnison Telephone Company</u>			
Signature of authorized officer <u>Kent B. Sanders</u>		Date	<u>12/21/2012</u>
Printed name of authorized officer <u>Kent B. Sanders</u>			
Title or position of authorized officer <u>President & General Manager</u>			
Telephone number of authorized officer: <u>(435-528) ext. 7236</u>			
Study Area Code of Reporting Carrier	<u>502279</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>January 2013</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier: Gunnison Telephone Company			
Signature of authorized officer: <i>Kent B. Sanders</i>		Date:	12/28/2012
Printed name of authorized officer: Kent B. Sanders			
Title or position of authorized officer: President & General Manager			
Telephone number of authorized officer: (435) 528-7236			
Study Area Code of Reporting Carrier:	502279	Filing Due Date for this form (mm/dd/yyyy)	January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certifications
Study Area Number:
532393

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier PIONEER TELEPHONE COOPERATIVE			
Signature of Authorized Officer 			Date 12/26/2012
Printed name of Authorized Officer MICHAEL WHALEN			
Title or position of Authorized Officer ASSISTANT TREASURER			
Telephone number of Authorized Officer: (541) 929-8256 ext.			
Study Area Code of Reporting Carrier	532393	Filing Due Date for this form (mm/dd/yyyy)	January 2013
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent: National Exchange Carrier Association, Inc. (NECA)Name of Reporting Carrier: PIONEER TELEPHONE COOPERATIVESignature of Authorized Officer: Michael W. Whalen Date: 12/26/2012Printed name of Authorized Officer: MICHAEL WHALENTitle or position of Authorized Officer: ASSISTANT TREASURERTelephone number of Authorized Officer: (541) 929-8256, ext. _____Study Area Code of Reporting Carrier: 532393Filing Due Date for this form
(mm/dd/yyyy)January 2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	PIONEER TELEPHONE COOPERATIVE				
Signature of authorized officer				Date	12/26/2012
Printed name of authorized officer	MICHAEL WHALEN				
Title or position of authorized officer	ASSISTANT TREASURER				
Telephone number of authorized officer:	(541) 929-8256				
Study Area Code of Reporting Carrier	532393		Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				PIONEER TELEPHONE COOPERATIVE	
Signature of authorized officer				Date	12/26/2012
Printed name of authorized officer		MICHAEL WHALEN			
Title or position of authorized officer		ASSISTANT TREASURER			
Telephone number of authorized officer:		(541) 929-8256			
Study Area Code of Reporting Carrier		532393	Filing Due Date for this form (mm/dd/yyyy)		January 2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					